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CONFIRMATION NO. 6314

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|--|---|---------------------------|--|--|----------------------------|
| SERIAL NUMBER 10/798,496 | FILING OR 371(c) DATE 03/11/2004 RULE | CLASS 030 | GROUP ART UNIT 3724 | ATTORNEY DOCKET NO. 00216-618001 | |
| APPLICANTS Michael Kwiecien, Scituate, MA; <i>OK 9A</i> | | | | | |
| ** CONTINUING DATA * This appln claims benefit of 60/455,646 03/18/2003 <i>OK 9A</i> | | | | | |
| ** FOREIGN APPLICATIONS * <i>NONE 9A</i> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/26/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> | | STATE OR COUNTRY MA | SHEETS DRAWING 9 | TOTAL CLAIMS 36 | INDEPENDENT CLAIMS 6 |
| Verified and Acknowledged <i>Chassem Ale</i> Examiner's Signature Initials | | | | | |
| ADDRESS 26161 | | | | | |
| TITLE Shaving systems | | | | | |
| FILING FEE RECEIVED 2786 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |